



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

2006 FEB 10 AM 11:31
OFFICE OF HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	St. Vincent's Medical Center	
Doing Business As		
Name of Parent Corporation	St. Vincent's Health Services Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	2800 Main Street Bridgeport, CT 06606	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	John Ahle Chief Financial Officer	
Contact person's street mailing address	2800 Main Street Bridgeport, CT 06606	
Contact person's phone #, fax # and e-mail address	Phone: (203) 576-5412 Fax: (203) 576-5345 jahle@stvincents.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Closure of St. Joseph's Family Life Center

b. Type of Proposal, please check all that apply:

X Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | X Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

587 Elm Street, Stamford, Connecticut 06902

d. List all the municipalities this project is intended to serve:

Stamford, Connecticut (primary)

e. Estimated starting date for the project: Estimated closure by August 31, 2006.

- f. Type of project: 16 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 0.00
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$
Fair Market Value of Leased Equipment	
Total Capital Cost	\$0.00

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked): N/A

- ☐ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: St. Vincent's Medical Center

Project Title: Closure of St. Joseph's Family Life Center

I, John Ahle,
(Name)

Chief Financial Officer
(Position – CEO or CFO)

of St. Vincent's Medical Center being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that St. Vincent's Medical Center complies with the appropriate
and (Facility Name)

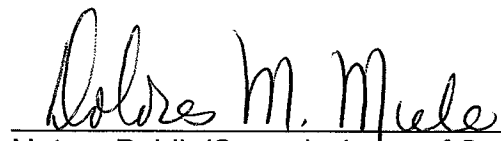
applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.



Signature

February 9, 2006
Date

Subscribed and sworn to before me on February 9, 2006



Notary Public/Commissioner of Superior Court

My commission expires: May 31, 2006

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

**ATTACHMENT TO LETTER OF INTENT
Section IV. Project Description
St. Vincent's Medical Center
Closure of St. Joseph's Family Life Center**

Introduction

St. Vincent's Medical Center ("SVMC") seeks approval from the Office of Health Care Access ("OHCA") to close the outpatient clinic operated by St. Joseph's Family Life Center (the "Center") located at 587 Elm Street, in Stamford, Connecticut. On May 18, 2005, SVMC filed a Certificate of Need Application ("Original Application") with OHCA, but withdrew the Original Application by letter dated August 30, 2005 in order to give SVMC additional time to formulate a plan of transition for the Center's patients.

At this time, Bridgeport Community Health Center, through its facility in Stamford, Stamford Community Health Center ("BCHC"), has expanded its health care services in Stamford and has entered into negotiations with SVMC to take over the patients served by the Center and serve as their primary care provider. BCHC has indicated its willingness to assist the Center in implementing a plan of transition for the Center's patients. (See attached letter from Ludwig Spinelli, BCHC Chief Executive Officer.)

Background

The Center was established and approved by OHCA in connection with the purchase by Stamford Health System ("SHS") of SVMC's ownership interest in the former St. Joseph's Medical Center in accordance with an Agreed Settlement dated October 30, 1998 under Docket No. 98-503 (subsequently modified as OHCA Docket Number 00-558R).

In light of the closing of St. Joseph's Medical Center by SHS and in order to continue a Catholic health care presence in Stamford, SVMC invited SHS to participate in opening a small clinic in Stamford that would operate under the name "St. Joseph" and offer holistic health services to adults and children over the age of twelve who are uninsured and without financial resources to afford medical care. The Center was established in the fall of 1999 pursuant to the Agreed Settlement.

As part of the Agreed Settlement, SHS agreed to provide the Center with rent-free space pursuant to a lease that expired on November 29, 2005, and made a \$3 million payment that has been used by SVMC to support the operation of the Center ever since. SVMC has been able to extend the Center's lease only through the end of March 2006 after which the lease will continue month-to-month.

Current Operations and Reasons for Closure

The Center provides holistic primary care and social service/case management to the uninsured. Nurse practitioners provide direct patient care under the supervision of Dr. Teresa Kryspin, a physician employed by SVMC, who is also the sole member of the Center. The Center does not bill for any of the services it provides.

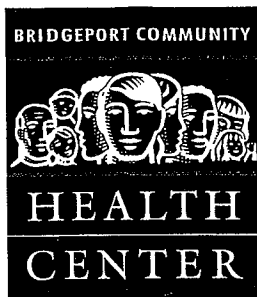
The Center also houses the Parish Nurse Program, a resource service for parishes enrolled in the Parish Nurse Program and for their nurses who volunteer as health counselors, health educators and referral agents to members of their religious congregations.

The Center currently employs a full-time Executive Director, 1.5 FTE Advanced Practice Nurses, a 20-hour/week Intake/Case Management Worker, 1 FTE Clerk Registrar, a half-time Parish Nurse Coordinator, and a ten-hour/week Medical Director/Advisor. All patients seen at the Center are uninsured and/or undocumented and not eligible for any state or federal entitlement programs.

In making the decision to close the Center and transition its patients, SVMC considered a number of factors. First and foremost, SVMC has obligations to use its resources to serve the indigent and underinsured in its primary service area and the needs of this population are a priority for SVMC over other areas. The St. Vincent's Family Health Center, a primary care clinic offering services to the economically disadvantaged population of Bridgeport, needs to expand its staff and hours of operation to meet the growing demand for services. In order to maintain a Catholic health care presence in Stamford, SVMC is committed to maintaining the Parish Nurse Program in Stamford. Additionally, BCHC has two established sites in Stamford dedicated to the care of the underserved and vulnerable. BCHC has recently expanded its facility and staff and has indicated to SVMC its willingness and ability to assume the care of the entire Center patient population and assist in implementing a plan of transition for these patients to BCHC Stamford sites.

Agreement with BCHC

SVMC and BCHC are currently negotiating the details of an agreement to transition the Center's patients. The transition plan will include consideration of the amount of a financial grant from SVMC to BCHC to assist with increased costs of absorbing the patients; identification of high-risk patients and steps to ensure smooth transition; written notification to patients; introduction to new providers and assistance with scheduling; transfer of medical records; consideration of alternate transportation plans; and continuation of the Parish Nurse program.



DEC 30 2005

December 29, 2005

Main Site

471 Barnum Avenue

Bridgeport

Connecticut 06608

PHONE 203 333-6864

FAX 203 332-0376

WEBSITE bridgeportchc.org

Other Sites

982-988 East Main Street
Bridgeport, CT 06608

790 Central Avenue
Bridgeport, CT, 06607

64 Black Rock Avenue
Bridgeport, CT 06605

1071 East Main Street
Bridgeport, CT 06608

727 Honeyspot Road
Stratford, CT 06615

137 Henry Street
Stamford, CT 06902

245 Selleck Street
Stamford, CT 06902

David S. Watson
CHAIRMAN OF THE BOARD

Ludwig M. Spinelli
CHIEF EXECUTIVE OFFICER

Richard Torres, MD, MPH, FACP, CHES
MEDICAL DIRECTOR

JCAHO ACCREDITED



Ms. Lorraine Carrano
Corporate Vice President
Missions Services
St. Vincent's Hospital
2800 Main Street
Bridgeport, CT 06606

Re: *St. Joseph's Center*

Dear Lorraine:

As per our phone conversation, I would like to reiterate Bridgeport Community Health Center's (BCHC) interest in pursuing the opportunity to serve as the primary care provider for all current patients enrolled at St. Joseph's Center. This is fully consistent with the health center's mission of improving access to care for the underserved and vulnerable communities. In January, our health center site at 137 Henry Street will be expanding its facility to include six new exam rooms that will be housed in a modular unit. Also, at this site, a full-time Family Practice Physician has joined our staff to serve a new patient caseload. We are confident that our Stamford Health Center site has the medical capacity to absorb the entire St. Joseph's patient caseload.

In making this option a reality, BCHC will consult with our HRSA Bureau of Primary Care Project Officer. The Bureau of Primary Care may ask BCHC to submit a request to amend our current "Scope of Services". This may be done to ensure this transaction does not result in the diminution of the level or quality of health services currently provided in Stamford. In this request, BCHC will have to demonstrate to the Bureau of Primary Care, including BCHC's Board of Directors, that the transaction does not pose a risk to the organization's financial viability. Keep in mind, even with our enhanced FQHC Medicaid rate, BCHC continues to lose revenue on our Stamford sites. This is due to the highest representation of uninsured among our patient population. We expect that this situation will not improve with the proposed transaction, as indicated an estimated 75% of the St. Joseph's caseload is also uninsured. We also assume that the St. Joseph's patients will need laboratory work, pharmacy prescriptions and some specialty referral services that BCHC will have to arrange and pay for to ensure quality medical care.

Therefore, I would like to request a one-time financial award from St. Vincent's Medical Center to assist us with these costs. This understanding should be similar to the arrangement made by St. Vincent's a few years ago concerning the Park City merger. These transitional funds will also help us



Member of Health Way

A non-profit agency improving the community's health.

Ms. Lorraine Carrano
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December 29, 2005

assure the Bureau of Primary Care that federal funds are not being used to supplant local public/private funds to serve this new population. Also, BCHC's Board of Directors and the Office of Community Health Care Access will want to see the Center's ability to assume this patient population; hence, BCHC will have transitional funds to cover those patients who are not eligible for Medicaid, SAGA or other public assistance

As a next step, I propose developing an agreement detailing the provisions of this proposed transaction. After the holidays, Kishore Solanki, CFO, will submit to you a budget proposing the amount for this one-time transitional funds. I look forward to working with you in finding an appropriate resolution to this matter.

Sincerely,



Ludwig Spinelli
Chief Executive Officer

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